



Connecticut AIDS Resource Coalition

**Testimony
Appropriations Committee
Shawn M. Lang
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Senator Harp, Representative Walker, members of the committee. I'm Shawn Lang the Director of Public Policy with the AIDS Connecticut, the only statewide organization in Connecticut whose sole focus is the needs of people with HIV/AIDS.

We are happy to see that no cuts were proposed to the AIDS Housing line in the DSS budget. Clearly, the administration appreciates the role that Connecticut's 25 AIDS housing providers play in addressing the twin epidemics of homelessness and HIV by providing affordable, supportive housing with a range of wraparound services tailored to meet each of their client's unique needs.

Housing continues to be the single most unmet need among persons living with HIV/AIDS. ACT – formerly CARC - has been collecting statistics on the demand for and utilization of AIDS housing since 1992. Each year, those programs provide a range of housing to over 1,200 men, women and children. The vast majority (55%) of those who were newly admitted into the programs had been homeless and living on the streets, living in shelters or precariously housed with family or friends. In fact, over 100 newly admitted residents came directly from homeless shelters, which was a 50% increase from the previous year.

In the 2011 Statewide Point in Time Homeless Count (PITC), statewide, 5% of the people who were homeless self-reported as having HIV/AIDS. While in Hartford, the figure was twice that. Given that those surveyed were self-reporting as well as the degree of stigma people experience and perceive, we can reasonably expect that that number is actually much higher.

Extensive research has documented that housing is an evidenced based HIV prevention and care strategy. Simply put, people who are stably housed are more likely to be in and stay in care, more likely to take and stay on what can be complex medication regimens, and less likely to engage in high risk behaviors; all of which means far fewer expensive trips to the emergency room or other institutions resulting in an overall cost savings.

Rachel Bostic, HUD's Assistant Secretary of Policy and Research, was quoted as saying, "One of the most sobering statistics I heard ...was that for people with HIV/AIDS, if you had 100 people and didn't get them quality housing, only 25 were still alive five years later. If you got them housing, 95 of them were still alive three to five years later."

With that as an illustrative backdrop, we applaud the Governor's proposed initiative to increase the number of affordable, supportive housing slots. While not HIV specific, when people with HIV can move into their own apartment, it opens space up for someone to enter into an AIDS housing program and receive the intensive supportive services this population of medically and socially fragile people often desperately need.

We are concerned, as are others, in any changes that might be made to Medicaid. We request that you preserve Medicaid for Low Income Adults. Changes to this program that would limit coverage and access will intensify the significant barriers people already face in accessing quality care and staying in care.

I'd be happy to answer any questions you might have.

Thank you.

